Attach recent photograph



OO NOT WRITE IN	THIS SPACE	REVISED APRII	, 2012

Registration No.	
Certification No.	
Classification	-
Date issued	
Approved by:	_
Date Approved:	

State of West Virginia Office of Miners' Health, Safety and Training #7 Players Club Drive – Suite 2 Charleston, WV 25311-2126 www.wvminesafety.org

Complete Sections 1-4

SURFACE CONSTRUCTION SUPERVISOR APPLICATION

Section 1			
Name			
Last Address	First	Middle	
Street or Box	City	State Zip	Phone
Date of Birth//	Social Security Number (last four digits)		
Section 2		If additional space is needed use	e separate sheet of paper
	SURFACE CONSTRUC	TION EXPERIENCE	
Company and Mine Name Address	Experience	Dates of Employment	Duties
1)		/ / to / / Month/Day/Year Month/Day/Year	
2)		/_/ to// Month/Day/Year Month/Day/Year	
3)		/ to// Month/Day/Year Month/Day/Year	
4)		to	
Date		Signature of Applicant	
Section 3			
State of	County of		
Subscribed and sworn before	me, a Notary Public this	day of	, 20
My commission expires			
(Notary Seal)			
. ,,		Signature of Notary Public	

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this law or any other or decision issued under this law shall be guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than \$5,000.00 or imprisoned in the county jail not more than six months, or both fined and imprisoned.



Section 4 – To be completed by company official verifying mining experience

This is to certify that	has had	years and/or months of surface
construction experience with this company.		
Coal Company / Mine	 Si	ignature of Company Official
Employment Dates: / / to / / Month/ Day/ Year Month/ Day/ Year		rinted Name/Title of Co. Official certifying experience
State of County of	ר	Telephone Number
Subscribed and sworn before me, a Nota		day of , 20
(Notary Seal)	Si	ignature of Notary Public
This is to certify that construction experience with this company.	_ has had _	years and/or months of surface
Coal Company / Mine	Si	ignature of Company Official
Employment Dates:/ to// Month/ Day/ Year Month/ Day/ Year		rinted Name/Title of Co. Official certifying experience
State of County of		elephone Number
Subscribed and sworn before me, a Nota		day of , 20
(Notary Seal)	Si	ignature of Notary Public
This is to certify that	_ has had _	years and/or months of surface
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Employment Dates:/ to// Month/ Day/ Year Month/ Day/		rinted Name/Title of Co. Official certifying experience
State ofCounty of		Telephone Number
Subscribed and sworn before me, a Notal My commission expires	-	day of , 20
(Notary Seal)	 Si	ignature of Notary Public